

Applied Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/07/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Psychiatry

Description of the service or services in dispute:

4 hours of psychological testing (MMPI-2-RF and BHI-2)

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. On this date he fell while stepping down off a machine. The patient has tried physical therapy, epidural steroid injections and medication management. MMI report dated 12/29/14 indicates that the patient was found to be at maximum medical improvement with 10% whole person impairment rating. Initial behavioral medicine consultation dated 02/25/15 indicates that medications include atorvastatin calcium, citalopram, metformin, Nortriptyline, pyridoxine, ranitidine and Tramadol. His mood was dysthymic and affect was constricted. BDI is 23 and BAI is 14. FABQ-W is 42 and FABQ-PA is 24. Diagnoses are somatic symptom disorder with predominant pain, persistent, moderate; and major depressive disorder, single episode, severe with anxious distress. The patient was recommended to undergo left L5-S1 microdiscectomy. Note dated 03/12/15 indicates that the patient complains of low back pain.

Initial request for 4 hours of psychological testing (MMPI-2-RF and BHI-2) was non-certified on 03/30/15 noting that the Official Disability Guidelines note that not every patient with chronic pain requires psychometric testing, but patients with complex or confounding issues would. There is no documentation of complex or confounding issues in this case. Reconsideration dated 04/09/15 indicates that the requested testing is for the specific purpose of establishing a psychiatric/psychological impairment rating. The patient has been recommended for lumbar surgery. The goal of testing is to see if the patient presents with any psychosocial stressors that would exclude him from undergoing this procedure at this time. The denial was upheld on appeal dated 04/16/15 noting that the documentation submitted for this review still does not provide information regarding the need for psychometric testing and evaluation. There remains a lack of documentation of complex or confounding issues in this case.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent initial behavioral medicine consultation on 02/25/15 followed by a course of individual psychotherapy. There are no individual psychotherapy progress notes submitted for review. The patient has

been recommended for lumbar microdiscectomy and for pre-surgical psychological testing to see if the patient presents with any psychosocial stressors that would exclude him from undergoing this procedure. However, the Official Disability Guidelines do not require psychological clearance prior to the performance of microdiscectomy. As such, it is the opinion of the reviewer that the request for 4 hours of psychological testing (MMPI-2-RF and BHI-2) is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)